

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10665081**

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	✓	1				51
2	1	1				52
3	2	1				53
4	①	1				54
5	①	1				55
6	③	1				56
7	①	1				57
8	①	1				58
9	①	1				59
10	①	1				60
11	①	1				61
12	①	1				62
13	①	12				63
14	①	12				64
15	①	①				65
16	①	1				66
17	①	1				67
18	①	1				68
19	①	1				69
20	①	1				70
21	①	7				71
22	①	7				72
23	①	7				73
24	①	1				74
25	①	1				75
26	①	1				76
27	①	1				77
28	①	1				78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	1	1				TOTAL IND.
TOTAL DEP.	28	48				TOTAL DEP.
TOTAL CLAIMS	29	49				TOTAL CLAIMS